

1. A hearing on this petition will be held as follows:

a. Date:	Time:	Dept.:	Room:
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2. Child's name:

Date of birth:

Name of federally recognized tribe:

Name of tribal court or tribal administrative body:

Street address:

Mailing address of court:

City, state, and zip code:

Telephone:

Fax:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CHILD'S NAME:  	CASE NUMBER:  
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**PROOF OF SERVICE**

*Notice of Petition and Petition to Transfer Case Involving an Indian Child to Tribal Jurisdiction* ICWA-050 must be served on all other parties or attorneys for the parties. After getting a hearing date from the court clerk and completing the form, anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the request. The person who serves the notice must fill out and sign the proof of service. This form may not be filed with the court until all the parties or their attorneys are served. A request to transfer cannot be heard for juvenile dependency cases until after the JV-100 or JV-110, *Juvenile Dependency Petition* has been filed, for juvenile delinquency cases not until after the jurisdiction hearing, and for probate cases not until after the jurisdictional hearing.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of form ICWA-050 and all attachments as follows (*check either a or b below for each person served*):
  - a. ☐ **Personal service.** I personally delivered a copy of form ICWA-050 and all attachments as follows:
 

<input type="checkbox"/> (1) Name of child's attorney ( <i>if applicable</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (2) Name of <input type="checkbox"/> parent ( <i>if self-represented</i> ) or <input type="checkbox"/> parent's attorney ( <i>if applicable</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (3) Name of Appointed Special Advocate ( <i>if applicable</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (4) Name of <input type="checkbox"/> social worker ( <i>dependency only</i> ) or <input type="checkbox"/> probation officer ( <i>delinquency only</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (5) Name of <input type="checkbox"/> child's caregiver or <input type="checkbox"/> Indian custodian served: (a) Address:  (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (6) Attorney for child welfare services agency ( <i>dependency only</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:
<input type="checkbox"/> (7) Name of <input type="checkbox"/> parent ( <i>if self-represented</i> ) or <input type="checkbox"/> parent's attorney ( <i>if applicable</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:	<input type="checkbox"/> (8) District Attorney ( <i>delinquency only</i> ) served: (a) Address:  (b) Date of delivery: (c) Time of delivery:

CHILD'S NAME:  	CASE NUMBER:  
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- b. ☐ **Mail.** I deposited a copy of form ICWA-050 and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:
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|---|---|
| <input type="checkbox"/> (1) Name of child's attorney <i>(if applicable)</i> served:  | <input type="checkbox"/> (2) Name of <input type="checkbox"/> parent <i>(if self-represented)</i><br>or <input type="checkbox"/> parent's attorney <i>(if applicable)</i> served:       |
| (a) Address:  | (a) Address:  |
| (b) Date of deposit:  | (b) Date of deposit:  |
| (c) Place of deposit:   | (c) Place of deposit:   |
| <input type="checkbox"/> (3) Name of Appointed Special Advocate <i>(if applicable)</i> served:  | <input type="checkbox"/> (4) Name of <input type="checkbox"/> social worker <i>(dependency only)</i><br>or <input type="checkbox"/> probation officer <i>(delinquency only)</i> served: |
| (a) Address:  | (a) Address:  |
| (b) Date of deposit:  | (b) Date of deposit:  |
| (c) Place of deposit:   | (c) Place of deposit:   |
| <input type="checkbox"/> (5) Name of <input type="checkbox"/> child's caregiver<br>or <input type="checkbox"/> Indian custodian served:   | <input type="checkbox"/> (6) Attorney for child welfare services agency<br><i>(dependency only)</i> served:   |
| (a) Address:  | (a) Address:  |
| (b) Date of deposit:  | (b) Date of deposit:  |
| (c) Place of deposit:   | (c) Place of deposit:   |
| <input type="checkbox"/> (7) Name of <input type="checkbox"/> parent <i>(if self-represented)</i><br>or <input type="checkbox"/> parent's attorney <i>(if applicable)</i> served: | <input type="checkbox"/> (8) District Attorney<br><i>(delinquency only)</i> served:   |
| (a) Address:  | (a) Address:  |
| (b) Date of deposit:  | (b) Date of deposit:  |
| (c) Place of deposit:   | (c) Place of deposit:   |

- c. ☐ **Attachment.** If there are additional persons to serve, attach a separate piece of paper to form ICWA-050, write the child's name and case number on the top, and list additional persons' names, addresses, dates of delivery or deposit, times of delivery or deposit, and whether service was made personally or by mail.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED NOTICE)